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Article (Published Version)

Hickle, Kristine (2020) Introducing a trauma-informed capability approach in youth services. *Children & Society*, 34 (6). pp. 537-551. ISSN 0951-0605

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Introducing a trauma-informed capability approach in youth services

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Abstract

Trauma-informed practice has been developing for decades, though much remains unknown regarding how it is understood and practised. Drawing upon focus group data from an evaluation of a trauma-informed approach (TIA) implemented by an organisation in Southeast England, this paper provides a unique perspective of 31 staff members and 18 young people. Results indicate how choice and control, key elements of a TIA, align with the Capability Approach (CA). The CA is then used as a novel analytic framework to examine the data. A 'Trauma-Informed Capabilities Approach' is introduced as a holistic, person-centred way of conceptualising young trauma survivors' well-being.

KEYWORDS

the Capability Approach, trauma, trauma-informed practice, young people, youth services

INTRODUCTION

A 'trauma-informed approach' (TIA) to practice can generally be understood as a strengths-based way of working with individuals across the lifespan, rooted in a foundational understanding of trauma and the impact that experiencing trauma can have in people's lives (Hopper, Bassuk, & Olivet, 2010; Knight, 2015; Sweeney, Clement, Filson, & Kennedy, 2016). A TIA is intended to create opportunities for trauma survivors to regain a sense of control and autonomy in their lives (Harris & Fallot, 2001; Hopper et al., 2010); involves making every effort to avoid retraumatising them; working to ensure their environment is physically, emotionally and socially safe; and recognising the impact of traumatic historical, cultural and gendered contexts (Knight, 2015). This approach extends to organisational

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structure and working practices, such that professionals working in settings such as children's social care, mental health, criminal justice and substance misuse receive trauma-informed (TI) supervision and support as they deliver TI care to others (Bloom & Sreedhar, 2008).

Throughout the last 15 years, TIAs have been developed in the USA, Canada, Australia, New Zealand, Norway, Sweden and recently in the United Kingdom (Kerns, et al., 2016; Ko et al., 2008; Sweeney, et al., 2016). However, substantial gaps in the research literature remain (Hanson & Lang, 2016), particularly in relation to evidencing how implementing TIAs actually makes a difference in the lives of children and young people (Berliner & Kolko, 2016) and how young people perceive trauma-informed practices (Day et al., 2015). To date, much of the literature evaluating TIAs, particularly in the context of children's social care, has focused on clinical outcomes using quantitative measures of post-traumatic stress and behavioural functioning (e.g. Bartlett et al., 2016). Whilst these measures are important indicators of safety and stability, they may not sufficiently capture the myriad ways in which TI practices can be conceptualised more broadly as ways of promoting well-being and holistic human flourishing.

This paper aims to contribute to filling these gaps in the literature in several distinct ways: It draws upon qualitative data from an evaluation of a TIA in a large voluntary sector organisation in the United Kingdom where interest is growing but very limited research on TIAs exist (Sweeney et al., 2016); it examines the use of a TIA in youth housing and advice services, which are underrepresented in research on TIAs (for exceptions, see Bebout, 2001; McKenzie-Mohr, Coates, & McLeod, 2011) and it includes young people's perspectives on receiving services at an organisation that has adopted a TIA. Finally, perhaps the most important contribution to the literature is in the exploration of Sen's Capability Approach (1995) as a distinctive framework for understanding TI practices as a reparative, person-centred (Braber, 2013, p. 75) way of considering trauma survivors' well-being. Through a newly conceptualised 'Trauma-Informed Capabilities Approach' (TICA), these ideas are integrated to facilitate thinking about TI practice through the lens of the CA, thus enabling professionals such as social workers, youth workers, professionals in mental health, housing, education, residential care settings and researchers with a way forward in developing TIAs that move further away from conceptualising trauma responses as 'the embodiment of certain medical and psychological problems' (Harris & Fallot, 2001, p. 13) and towards creating interventions that treat young trauma survivors as whole people, with strengths and capabilities that can be accessed to promote both trauma healing and holistic well-being.

BACKGROUND

Trauma can be understood as the subjective experience of a stressful event that elicits feelings of fear and/or helplessness (Cohen, Mannarino, & Deblinger, 2016) and overwhelms normative adaptations to human life (Herman, 1992). The term 'trauma-informed practice' was developed initially by Harris and Fallot (2001) as a way of thinking about and responding to trauma, particularly in the context of health and human services that are not well-designed to acknowledge the impact of trauma present in many service user's lives. They envisioned this approach as a paradigm shift- a new way of working with traumatised people centred upon five key principles: safety, trust, choice, collaboration and empowerment. Interest in TI practices developed alongside widespread dissemination of Felitti and colleagues' (1998) landmark Adverse Childhood Experiences study in the USA, which quantitatively demonstrated the long-term physical and mental health consequences of trauma and adversity in childhood. While much of the research on TIAs has been conducted in the USA, the framework is being adopted internationally (Sweeney et al., 2016). Confronted by behaviours that might typically

be considered irrational or harmful, professionals using a TIA with young people should recognise these behaviours as adaptive responses to trauma, which at some point have served a protective function (Levenson, 2017). This recognition is particularly important for young people who are otherwise likely to be penalised for their behavioural responses to trauma rather than provided with the support or treatment they need to begin feeling safe (Cauffman, Scholle, Mulvey, & Kelleher, 2005) and finding new ways of coping.

To date, TIAs have been developed in the context of specific trauma-informed interventions for individuals, groups and families (Becker, Greenwald, & Mitchell, 2011), in residential care and specialist substance misuse and/or mental health facilities (Bloom, 2005; Covington, Burke, Keaton, & Norcott, 2008; Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013; Sweeney et al., 2016), school settings (Harden et al., 2015) and across diverse practice systems (Bartlett et al., 2016; McKenzie-Mohr et al., 2011). Effective TIAs appear to demonstrate improved outcomes for children and young people, often measured in a reduction of post-traumatic stress symptoms and behavioural problems (Bartlett et al., 2016; Becker et al., 2011; Hodgdon et al., 2013; Murphy, Moore, Redd, & Malm, 2017).

Notwithstanding these developments, there remain many shortcomings in understanding, knowledge and practice of TIAs. TIAs remain inconsistently interpreted and implemented, particularly in the UK (Sweeney et al., 2016), as there remains a lack of clarity regarding how TIAs are defined, measured, practised across professional disciplines and perceived by professionals tasked with implementing them (Donisch, Bray, & Gewirtz, 2016). With a few exceptions (e.g. Becker et al., 2011; Bulanda & Johnson, 2016; Harden et al., 2015), there has been very little research on the nature, understandings or effectiveness of TIAs in community settings, such as housing provision and youth support services that do not include clinical trauma services. Furthermore, though evidence of key TIA components (e.g. building trust and sharing control/decision-making) is well-supported in the wider body of research on working with vulnerable young people (Milbourne, 2009), research on TIAs have not typically included young people directly. This is true for service users of all ages as very few studies link their views on TI practices to improved outcomes (Sullivan, Goodman, Virden, Strom, & Ramirez, 2018). There is also a lack of research that situates TIAs in the wider sociopolitical contexts that contribute to- or perpetuate- young people's experiences of trauma (McKenzie-Mohr, et al., 2011). In practice, the focus can often be on the amelioration of symptoms at the expense of a wider understanding of human well-being (McKenzie-Mohr et al., 2011). In research, an emphasis on clinical and behavioural outcomes means that we are less able to understand young people's lived experiences, including their recovery from trauma, in holistic ways.

While the research on TIAs indicate their potential for effective and transformative practice, the many gaps in research suggest there is space and potential for new ways of investigating, understanding and interpreting TI practice on the ground. This includes research further exploring practitioners' and service users' perspectives on TI principles and practices, and considering more holistic ways of conceptualising trauma recovery, beyond symptom reduction and improved behaviour. One new way of conceptualising trauma recovery is through the lens of the Capabilities Approach (CA).

The Capabilities Approach

The CA is moral framework and an evaluative approach to measuring well-being developed by Amartya Sen in the 1980s and 90s, and further developed by Nussbaum (2003). The CA conceptualises human well-being as multidimensional, providing a more holistic 'people centred approach' (Braber, 2013, p. 75), thus opening up space for thinking about trauma recovery in ways that go

beyond symptom reduction and improved behaviour. According to Sen, well-being is best understood as something that is realised through real freedom of choice to achieve the things in life that are meaningful or valuable to a person, marking a radical departure from the more traditional income-led measures of well-being (Frediani, 2010). Sen used the term ‘functionings’ to describe desired outcomes such as achievements, resources and activities that people value and recognise as important to them. The term ‘capabilities’ is used to describe the freedom to achieve these desired goals or outcomes (or ‘functionings’). Applications of the CA are seen across many fields including emerging applications in social work (Gupta, 2017; Braber, 2013) and mental health (Hopper, 2007; Simon et al., 2013), where a broader and more holistic view of trauma recovery is both relevant and timely.

The CA offers a way of situating TIAs within the social and political contexts where young people live and access services, enabling us to see social and political contexts (such as those perpetuating poverty and inequality) as central to physical and emotional well-being (Gupta, 2017), and thus avoid de-politicising and de-contextualising the traumas they experience (McKenzie-Mohr, et al., 2011). This is particularly relevant for the UK, where interest in trauma and adverse childhood experiences (ACEs) is growing (Parliamentary Office of Science & Technology, 2018), and where both policy-makers and practitioners working in the context of a neoliberal political environment are at risk of narrowly interpreting the body of evidence on trauma and ACEs as yet another reason to further decontextualise, problematise and isolate traumatised young people and their families (Edwards et al., 2017). Finally, the CA might also provide a framework through which trauma recovery can be viewed as more than a reduction in symptoms, and instead as part of a collective human experience, in which we are all involved in pursuing and promoting well-being.

METHODOLOGY

The data drawn upon for this study come from a research evaluation commissioned by a large voluntary sector organisation serving young people across South East England through a variety of services such as counselling, alternative education, supported accommodation, youth advice, specialist support for young people at risk of sexual exploitation, and residential care. In 2014, the organisation sought to develop trauma-informed practice across the organisation. Their approach was informed by the United States Substance Abuse and Mental Health Services Administration guidance for evidence-based trauma-informed practice (SAHMSA, 2015) and the Sanctuary Model (Bloom & Sreedhar, 2008), a theory-based, evidence-informed whole-organisational approach to TI practice. In 2015, the organisation commissioned the author to undertake an evaluation of their TIA. Ethical clearance was granted by the University of Sussex Research Ethics Committee and standard principles for ethical research were followed, including informed consent, confidentiality and anonymity. The overall evaluation is reported on elsewhere (Hickle, 2018).

Data for the original evaluation study included quantitative data (e.g. staff retention and safeguarding data, staff and service user satisfaction surveys) and focus groups with young people, frontline staff and managers held at two points in time, near the beginning of the evaluation in November 2014–January 2015 and at the end in March–May 2017. Young people (age 16–25) and frontline staff who participated in focus groups were recruited from housing and youth advice services; the decision to recruit from these services was made as a way of ensuring the experiences of staff and young people in environments characterised by short-term relationships, change and transition (and thus less likely to have been a focus of prior TIA research) were heard. All staff employed by these services were recruited via email and staff members self-selected to participate. Staff informed all young people who utilised these services about the research, which took place in the early evening (with a meal provided)

and young people self-selected to participate. No information regarding the presence/absence of participants' trauma symptomology was collected, as Harris and Fallot's (2001) conceptualisation of TI practice is not predicated upon the need for service users to disclose traumatic experiences or meet a clinical, trauma symptom threshold.

Through the process of conducting the evaluation, it became increasingly evident that young people spoke strongly about the way in which being given choices, and feeling power and control in their lives, was a primary means of helping them feel safe. This seemed particularly important as these young people are often beholden to numerous service contexts (child protection, criminal justice, education, and housing) that have incredible power in their lives and often limit their choices. Thus, subsequent to reporting on the overall project, a secondary analysis was undertaken to further illuminate the ways in which young people and staff understood and described elements of choice and control in organisational and relational contexts. Secondary analysis is a useful methodology for providing new perspectives that diverge from the initial purpose or intent of the research (Heaton, 1998), enabling certain aspects of the data to be further scrutinised. The data for this secondary analysis were drawn specifically from the 10 focus groups involving 9 managers, 22 members of frontline staff and 18 young people.

Focus groups were audio-recorded, transcribed and uploaded to NVivo version 11 (a computer-assisted data analysis software package) during the original evaluation research, and secondary analysis was undertaken in NVivo as well. For the secondary analysis, a theoretical, or deductive approach to thematic analysis was undertaken first to identify instances in which choice and control—two key principles of TI practice (Harris & Fallot, 2001)—were described in relation to safety and trauma healing by staff and young people. Transcripts were re-read and analysed for instances in which choice and control were explicitly referenced; however, analysis also sought to surface these concepts at the latent, or interpretive level (Boyatzis, 1998; Braun & Clarke, 2006), when experiences of choice and control were implied but not explicitly labelled as such by the participant. Through this reanalysis of the data, it became evident that the way in which choice and control were described by staff and young people aligned with how these constructs are defined and understood within the CA (Sen, 1995, 2005), though to date, the CA has not been considered in the context of TI practice. The CA was then used as an additional analytic framework, with the key concepts of 'capabilities' and 'functionings' identified as *apriori* themes. The data were read and analysed again to determine the presence of these themes in the context of focus group discussions of TI practice.

RESULTS

Findings will be presented in accordance with the themes identified in the analysis, beginning with a discussion of how choice and control are described by staff and young people within the focus group data in the context of practicing (staff) or receiving (young people) trauma informed services. Next, key concepts from the CA, capabilities (specifically Frediani's (2010) notion of 'capability spaces') and functionings (Alkire, 2008), will be discussed as another way of understanding and conceptualising trauma informed practices.

Choice and control

An emphasis on choice and control emerged naturally from focus groups with young people as a means of feeling safe. They described safety as 'secure', feeling like they have control over their lives,

believing their concerns are taken seriously, and knowing that confidentiality is maintained (i.e. control over their own information). Young people accessing housing services also expected and needed practical evidence of safety, such as the use of CCTV (*'I'm safe because it's like someone's watching you, it feels safe that someone's making sure that the space you're in is... Nothing's going to happen in there.'*) as way of feeling in control over who enters and influences their living space, or at the very least knowing who is there so that they could make an informed choice about staying or leaving. Young people across all four focus groups spoke about the importance of being given opportunities to make choices, even when the choices in front of them were limited. For example, in one focus group, two young people spoke about disclosing self-harm and suicidal ideations to staff, describing how staff helped them through these experiences in a way that allowed them to maintain some control over their lives. Danielle explained:

I only really just recently moved in...and I self-harmed and was suicidal. They had to follow the procedure, they called the paramedic and an ambulance turned up for me, and I think the way they relayed that to me and they helped me with my own care was by saying, 'do you want us to come with you?' While I'm getting shoved into the back of an ambulance. And going through the safeguarding form afterwards, they didn't just forget it, they didn't just say, 'we will contact you if you want us to.' It was, 'come downstairs and we'll go through a safeguarding form with you, which is how we can help you to stop this from happening again, because we care about you'. It wasn't just forgotten or left about like other places do.

This example demonstrates her insight and acceptance of the safeguarding process that staff were required to follow whilst they continued sharing power and offering choice wherever possible. It also provides evidence of how staff practically involved her in decision-making, even when they were required to make a final decision on her behalf and follow an externally imposed procedure.

Power-sharing and partnership were demonstrated in other ways as well, when young people recognised that staff members were allowing them to lead discussions, offering them some choice in who they would be working with, where/when to meet, a referral they might make to another service, or in the development of a risk management plan that is *'completely your [young person's] idea and you can change it or add to it and take things off as and when...like if it's working for you, if it's not working for you.'* One young person, Greg, explained that being given a choice about whom he works with is how he knows that the organisation is able to help him, as it *'bears you more in mind'*.

When speaking about what characterised safe relationships with staff, young people also indicated the importance of having a plan and a sense of predictability from staff, which helped them feel more in control. Several spoke about staff helping to *'give you purpose'*, *'have a plan in place'* and providing clear boundaries and expectations. Hannah described how her key worker would always ensure they ended appointments on time, and if Hannah referenced too many issues to discuss in one sitting, her worker would say,

'I'm going to put a pin in that and come back to that later'...It's really helpful. She'll be like, 'oh, we've put a pin in this and a pin in this, which ones do you want to work on?' That's really good because you have a choice. It's not just like 'we're going to work on this'.

Similarly, staff members seemed to understand the importance of helping young people feel in control of their lives through creating plans and ensuring they maintain predictable expectations and boundaries.

One staff member, Dawn, spoke about interpreting a young person's distress and feelings of unsafety as a result of lacking control because they did not understand the purpose of the appointment:

And then over time there was a point in the appointment where they were suddenly like, 'oh, there's a plan. I suddenly get it. There's a point to this, I get it. Okay.' And things felt a lot clearer, and suddenly there was a sense of 'I'm happy to be in this room and actually I'm ready to tell you some other things'.

In addition to emphasising choice and predictability directly through interactions with young people, staff also spoke about TI changes in policy and procedure, including the process for collecting rent and giving young people warnings when they present with challenging behaviour. Prior to the TIA implementation, warnings could accumulate, and the young person would eventually be asked to leave. Under the new TIA, this changed so that young people could 'work off' the warnings they accumulated, and in some instances, staff had more freedom to erase the warnings and give young people a 'fresh start'. They reported this *'worked really well and changed a lot of behaviour'*. This is an example of giving back some of the power that the organisation held over the young person and providing the freedom and space to make legitimate choices again.

Finally, while staff in focus groups seemed to generally understand the importance of choice and control as key components of a TIA, they spoke less about feeling choice and control in their own working environments. However, those who had regular supervision spoke about choice and control in the context of supervision and the way in which their new group supervision model is facilitated, enabling them to *'have ownership'* over when and how the groups were organised and flexibility in working practices that better met staff members' needs.

Capability spaces

In order for young people to feel safe, in control, and empowered in their interactions with housing and youth advice services, staff had to create a service environment that provided space for young people to achieve a sense of freedom to pursue, in the language of the CA, their desired functionings. Frediani's (2010) notion of 'capability spaces' is helpful in conceptualising how a range of factors (i.e. within an individual, a specific programme and across the organisation) influenced young people's *ability* to convert available resources into functionings. These capability spaces were evident across the dataset, characterised by relationships with staff who enabled young people to feel confident that seeking help from professionals would assist them in achieving what they wanted for themselves. One example of a young person, Bob, whose views exemplify what a capability space looks like, said that staff gives him *'space when I need it, when I'm feeling anxious or just when I want to shut myself away from the world. They understand that I need time to do that to come back to where I was. Because I can support myself, I can cook for myself, I can dress clean.'* Bob knows what he wants, he simply needs the space around him to achieve these things, and to feel agentic and powerful within this space. According to Frediani (2010), power and agency underlie capability spaces, and understanding one's need for power (and relationship to power structures) are fundamental to establishing these spaces. They are also fundamental components of a TIA, which seeks to empower service users through trauma healing.

Another important way staff created capability spaces for young people was through forming relationships characterised by persistence. Young people often described staff who were available, offered to accompany them on visits, and conveyed a sense that they would go the 'extra mile' to continue

checking in with a young person to see if they were okay. Dave explained how he felt when staff members engage persistently with him:

That actually means the world. To do a random phone call... 'no, no, I don't want anything, I'm just calling to see if you're okay'. It means a lot and it gives you that little boost... That adds to me trusting in them, actually they potentially might be a big help to me and they do seem like they actually care.

Dave's explanation demonstrates how persistent relationships led to trust, another key component of TI practice. His increased confidence (that they might be able to help him) invokes a kind of widening space around him in which he is able to see and grasp hold of the resources that can help him achieve the things he wants for himself.

In the staff focus groups, the importance of persistence was also understood. For example, in a focus group with housing staff, the group recalled how they all worked as a team to take a TIA with one particularly challenging young person. With the support from her manager (to address her own feelings of secondary trauma), his key worker was able to persist and continue working with him until:

He slowly started coming around, lots of support from us and his social worker, and that consistency and engagement, just being like 'I am here, I am here, I am here and I'm not going anywhere'...he came around and now he is in his own council flat with a great job and he has absolutely smashed it.

Capability spaces were also created through verbal and non-verbal interactions that made it easier for young people to engage and access the resources intended to help increase their resilience and move forward with their lives. More specifically, both staff and young people mentioned the importance of body language, validating young people's feelings and emotional responses, and the need to create physical and mental space where things begin to feel calmer and *'easier for people that have experienced trauma to deal with'*. In these spaces, staff members held responsibility for creating opportunities that young people felt able to access. This is evident in one staff member's reflective question: *'How can we support this person to make it not so painful to keep coming in here and being told the same thing?'*

Capability spaces in the working environment

TIA's were initially conceptualised as a way of working across a whole organisation, from direct practice with service users up through the organisational hierarchy, impacting how staff are supported to feel a sense of safety, trust, collaboration, choice and empowerment in their working environments. In staff and manager focus groups, it was not always evident that they were operating in capability spaces, where the resources at their disposal were easily converted into the kind of boundaried and purposeful practice they may have wanted for themselves and others. Instead, they spoke about environments characterised by uncertainty, feeling 'sandwiched' between stressors experienced by service users, line managers and the wider environment in which funding for services continued to disappear. However, capability spaces were evident when power structures were described as enabling staff to feel confident and supported in their work. Several staff used language that metaphorically invoked a sense of spaciousness in relation to taking a TIA: a *'widening, broadening out'* and a *'culture to open your heart out'*. This included a new Well-Being Policy that had been rolled out shortly before the second focus groups commenced and coincided with changes to contracts that allowed 'official' lunch

breaks, access to therapy and wellness activities, managers who encouraged their staff to take ‘time off in lieu’ when they work overtime, and to leave on time each day.

‘Functionings’: Reinforcing freedom of (informed) choice

An assumed goal in TI practice is trauma healing/recovery, which is generally described as a reduction in unhelpful trauma responses. While this goal is often explicitly measured in TI evaluation research, the nature of focus group data in this study permitted a different approach to considering the desired outcomes—or what the CA has termed ‘functionings’—for young people accessing TI housing and youth advice services, beyond simply a reduction in trauma responses to extend to promoting the freedom of informed choice. Throughout the data, young people spoke about what they valued and wanted when accessing services: respect; evidence that a worker had listened to what they said and followed through (or at least tried to) when they requested something; starting with what they felt was important rather than pursuing the achievement of standard (but impersonal) milestones; and receiving information that was useful and relevant to them.

Young people valued authentic relationships with staff in which they were able to feel a genuine human connection. This included simply discussing the high cost of rent in the city; being willing to go ‘*off script*’; getting a sense that staff members were not trying to act out of a position of authority. They spoke about wanting staff to just act ‘*like normal adults, normal human beings*’, ‘*not like robots*’, and they wanted to be treated ‘*just like a person*’, an adult (not a child) and someone who was equally valued: ‘*they don't look down on you for being just some scum who lives in [here] who has a problem*’. This need for connection through shared humanity—an example of a desired outcome, or ‘functioning’—was recognised by some staff, who described it as a key component to a TIA: ‘*I think there is a sense of trying to, in one's practice, to make sure that one is constantly remembering that it's a human being, there is a person here.*’ Young people did not assume staff could ‘fix’ things for them, and preferred that they would be professional and honest about what they could provide. They also did not think it was necessarily important that staff knew the details of their traumatic experiences, but felt it was important that they were aware that they had experienced trauma that impacted their behaviour. As one young person, Beth, said it was important for staff to avoid judging you, ‘*thinking, oh an average person would pick themselves up after that, or something like that. Understanding you and your journey rather than what society expects of young people.*’ Young people accessing housing services spoke about valuing a personalised approach which placed individuals' needs above any desire to perceive services as universally impartial or fair. This personalised approach was recognised by staff who spoke of starting where the young person is at. A personalised approach is a defining feature of the CA, which was developed in direct contradiction to measures of well-being that were subjective, standardised, impersonal and often disconnected to people's lived experiences of human suffering and/or flourishing (Braber, 2013).

Throughout the data, the way in which young people spoke about what they need from staff in order to feel safe reinforced the notion that opportunities to make informed choices were examples of key functionings. Through descriptions of how staff enabled them to feel in control of their lives and the decisions made with/for them, they were emphasising the importance of informed choice. When the young person Dave is quoted above describing how he appreciated staff members persistently engaging him, he is explaining how staff are enabling him to make an informed choice about whether or not he should further trust the staff and further engage with the programme. He is being provided with evidence that they can help him achieve his desired functionings.

DISCUSSION

Findings from this study add to the growing body of research evidencing the usefulness of TIAs in practice and indicate how practitioners' interpretation of TI practice generally aligns with young people's own experiences of receiving TI care. This was particularly true in relation to the way that capability spaces were carved out through safe and persistent relationships. It is also important to note that the TIA implemented by the organisation in this study experienced significant challenges throughout the evaluation period, including internal restructuring and the ongoing impact of austerity, which placed pressure on staff to provide support for young people with increasingly complex needs. Focus groups with front-line staff and management surfaced many of these concerns, thus demonstrating ways in which TIAs can and should encompass the geographic, social and political contexts they are implemented within (McKenzie-Mohr et al., 2011).

The findings demonstrate how choice and control are intrinsically linked to feelings of physical, emotional and relational safety (Shuker, 2013). Feeling safe is a key component to trauma recovery (Herman, 1992) and together, safety and control comprise two of the five key principles that Harris and Fallot (2001) identified in their initial conceptualisation of TI practice. However, the need for choice and control is not only a key component for trauma recovery; Sen (1995) found that they are integral for general human well-being. According to the CA, capability necessarily involves being agentic and having opportunities to influence decisions and circumstances that affect one's own life. It also involves being able to actually achieve what one wants, even when someone else must make a decision for, or on behalf of another individual, as is often the case for young people in this study. In an example given above, staff member Dawn is described as recalling how a young person was frustrated by feeling a lack of control because she did not understand the purpose of an appointment she had to attend in order to continue receiving services she needed. Through the framework of the CA, we might see this as an example of a young person whose feelings of safety (and recovery from trauma) are related to her ability to see a plan was in place. When she understood the plan, she felt more in control of how she might navigate within this plan, and make informed decisions regarding whether or not the plan would help her achieve her own functionings (i.e. desired goals/outcomes).

In considering the experiences of young people in this study, we can also recognise the ways in which their capability, and thus their well-being, has been hindered by traumatic experiences. In the context of economic development, Sen (1995, 2005) considered poverty a capability 'deprivator', and a key finding emerging from this analysis is that traumatic experiences (including poverty) are also depriving people from capabilities. For example, trauma responses developed by a young person to keep safe act as additional barriers to realising their capability as it is curtailed by what makes them feel unsafe, including places, sounds, memories, people and conversation topics they may actively seek to avoid.

Through the framework of the CA, we can see how TI principles are enacted through relationships, interventions and the spaces created intentionally around young people that promote well-being. Power, agency, choice and control are key concepts within TI practice and coincide naturally with how they are conceptualised in the CA. Where prior research has been limited in identifying exactly what, in a TIA, contributes to positive change, the CA offered a useful lens through which staff and young people's experiences of a TIA can be interpreted and understood.

A trauma-informed CA

In adopting a CA, practitioners can consider how services for traumatised young people are organised to provide them with real opportunities to make informed choices and engage in genuine self-direction

such that they feel empowered to shape a future for themselves, in a community that values them. This means that adults with decision-making power find ways of sharing power with them, as young people in this study described. It may be a paradoxical approach for organisations that focus on behavioural measures of stability before giving traumatised young people opportunities to make choices and be in control of the decisions that affect them; however, this study indicates that young people begin to feel safe *through* choice and control. The CA enables us to consider why choice and control are so necessary—because they are foundational to human well-being.

Integrating these concepts together into a Trauma-Informed Capabilities Approach (TICA) represents a new approach that can promote a more holistic way of understanding trauma healing and enable us to consider how TI practices are useful beyond simply reducing trauma symptoms, and towards promoting well-being. Through a TICA, we can consider how to create capability spaces that enable the development of resilience and facilitate post-traumatic growth among young people who are given opportunities to pursue their ‘functionings’. As a TICA considers trauma healing within the broader context of human well-being and flourishing, taking this approach may help practitioners avoid the pathologising language that so often accompanies any focus on trauma symptomology. A TICA also aligns with the wider body of research on the benefits of promoting young people's participation in services and decision-making (Warrington, 2013) and necessarily leaves space for engaging with the wider sociopolitical context in which traumatic experiences occur (McKenzie-Mohr et al., 2011). For example, service design informed by a TICA might be better placed to identify the ways in which structural conditions additionally traumatised young people and deprive them of capabilities. As a result, they might prioritise resources that ensure young people experience physical safety through the availability of safe and appropriate housing, and relational safety by encountering staff who are culturally responsive (Treisman, 2018) and skilled in engaging with young people's intersecting experiences of oppression and trauma.

Limitations to the study include the potential for self-selection bias (Collier & Mahoney, 1996) as the sample may not have included staff and services users with more negative perceptions of the TIA and/or the organisation more generally. It also did not include staff and young people with experience of other services in the organisation. Future research should continue to focus on service user perspectives of TIAs, and should also look to identify approaches to service provision that fill needs a TIA alone cannot address, which might include revisiting the robust body of research on other evidence-informed interventions (Bath, 2017) as it is recognised that simply taking a TIA may not be sufficient for achieving certain outcomes related to risk and stability (Sweeney et al., 2016). Researchers should also consider alternate outcome measures that look beyond a reduction of trauma symptomology and engage with a more holistic understanding of human resilience and well-being, particularly in TI practice within children's social care where it has already been recognised that outcome measures often miss the complexity and specificity of practitioners' roles (Forrester, 2017).

A limitation in relation to the use of the CA is that it is often considered an abstract concept, even if this abstraction was intentional, as it was initially conceptualised as an overarching framework that could be used in conjunction with other theories (Robeyns, 2003). Thus, the CA is perhaps best thought of as a starting point, rather than a finishing point (Carpenter, 2009), and one way of identifying capabilities as they are tangibly experienced and lived out is through the examination of empirical data (Alkire, 2005). The present study is an example of how empirical data might be used to illuminate a tangible application of the CA and its usefulness in practice. Research should continue to take further steps in making the CA accessible and useful in practice; in the case of research on TI practice, researchers should seek to engage young people in

discovering and articulating what ‘functionings’ they value and want to pursue as part of their journey beyond trauma.

CONCLUSION

The TICA offers a framework that clarifies how TI principles of safety, choice and control are connected, interpreted and embodied in professional practice with young people. In doing so, it is useful as a theory of action (Braber, 2013), illustrating how a trauma-informed approach can be practically delivered. Organisations and practitioners across a number of disciplines interested in taking the learning from this study forward can also use the CA component of a TICA as an evaluative instrument, through which any TI policy or practice can be scrutinised to ensure that the role of choice and control is understood, prioritised and incorporated into an understanding of trauma healing that moves practice in the direction of holistic well-being. Conversely, this paper also fills a gap in research on the CA. The CA is not always considered ‘user-friendly’, particularly for practitioners (Braber, 2013) and more work is needed to help put the CA into practice. By using the CA in this study, we can see how concepts such as functionings and capabilities become meaningful and tangible within the lived experiences of professionals and young people.

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How to cite this article: Hickle K. Introducing a trauma-informed capability approach in youth services. *Child Soc.* 2020;00:1–15. <https://doi.org/10.1111/chso.12388>